REMARKS/ARGUMENTS

Claims 1-17, 44, 48-52, 55, and 60-70 are pending. Claims 1, 12, 13, 44, and 67, as well as the specification, have been amended. New claims 69 and 70 have been added. No new matter has been introduced. Applicants believe the claims comply with 35 U.S.C. § 112.

Claims 1-12, 44, 50-52, 55, and 60-66

Claims 1, 3-12, 50, 63, and 65-66 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Pohndorf et al. (US 5,353,800). Dependent claims 2, 44, 51, 52, 60-62, and 64 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Pohndorf et al. in view of other secondary references.

Applicants respectfully submit that claim 1 is novel and patentable over Pohndorf et al. and other cited references because, for instance, they do not teach or suggest a pressure transducer connected to the proximal portion of the catheter, the distal portion of the catheter having an opening with a barrier, wherein the proximal portion is more crush resistant than the distal portion and wherein the distal portion is more flexible than the proximal portion; and positioning the catheter so that the relatively crush resistant proximal portion is disposed in a heart wall and the relatively flexible distal portion extends into a chamber of the heart.

As discussed in the specification at page 17, line 23 to page 18, line 4, because the heart walls are dynamic structures subject to expansion and contraction, the proximal portion of the catheter is made relatively crush-resistant with sufficient crush resistance to prevent collapse caused by myocardial contraction, while the distal portion of the catheter is made relatively flexible.

Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall (col. 3, lines 28-31; col. 4, lines 58-61). Pohndorf et al. is devoid of any teaching or suggestion that the proximal portion of the hollow needle 16 is more crush-resistant than the distal portion thereof, and that the distal portion is more flexible than the proximal portion. Even

if the funnel-shaped adapter element 30 is construed as being the proximal portion, there is still no teaching or suggestion that the adapter element 30 is more crush-resistant than the distal portion of the hollow needle 16 and that the distal portion of the hollow needle 16 is more flexible than the adapter element 30. For example, Pohndorf et al. does not disclose the materials or mechanical properties of the adapter element 30 and the hollow needle 16. No conclusion can be drawn from the disclosure of Pohndorf et al. that the adapter element 30 is more crush-resistant than the distal portion of the hollow needle 16 and that the distal portion of the hollow needle 16 is more flexible than the adapter element 30. The other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 1, and claims 2-12, 44, 50-52, 55, and 60-66 depending therefrom, are patentable.

Claims 13-17, 48, 49, and 69

Claims 13-17, 48, and 49 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Pohndorf et al. in view of Eigler et al. (US 6,328,699). The Examiner acknowledges that Pohndorf et al. does not disclose wireless communication between the implanted monitor and an external device, and cites Eigler et al. for allegedly providing the missing teaching.

Applicants respectfully submit that independent claim 13 is patentable over Pohndorf et al. and Eigler et al. because, for instance, they do not teach or suggest a pressure sensor assembly connected to the proximal portion of the catheter, wherein the proximal portion is more crush resistant than the distal portion and wherein the distal portion is more flexible than the proximal portion; and implanting the device such that the relatively crush resistant proximal portion is disposed in a heart wall and the relatively flexible distal portion extends into a chamber of the heart, the pressure sensor assembly connected to the heart wall outside the chamber.

As discussed above, Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall but fails to teach or suggest that a proximal portion is more crush-

resistant than a distal portion and that the distal portion is more flexible than the proximal portion, while the other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 13, and claims 14-17, 48, 49, and 69 depending therefrom, are patentable.

Claims 67, 68, and 70

Claims 67 and 68 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Pohndorf et al. (US 5,353,800).

Applicants respectfully submit that independent claim 67 is patentable over Pohndorf et al. and Eigler et al. because, for instance, they do not teach or suggest a pressure transducer connected to the proximal portion of the pressure transmission member, wherein the proximal portion is more crush resistant than the distal portion and wherein the distal portion is more flexible than the proximal portion; and positioning the pressure transmission member so that the relatively crush resistant proximal portion is disposed in a heart wall and the relatively flexible distal portion extends into a chamber of the heart.

As discussed above, Pohndorf et al. discloses the use of a hollow needle 16 to pass through the heart wall but fails to teach or suggest that a proximal portion is more crush-resistant than a distal portion and that the distal portion is more flexible than the proximal portion, while the other cited references do not cure the deficiencies of Pohndorf et al.

For at least the foregoing reasons, claim 67, and claims 68 and 70 depending therefrom, are patentable.

CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

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